08358

08359
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
LENGTH OF STAY in this place? adlife
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Conowingo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) JOSEph (Middle) HARRY (Last) ALEXANDER
(Type or Print)

4. DATE OF DEATH (Month) 9 (Day) 23 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: 9-13-1882. | 9. AGE Last birthday: 72 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm Hand | 11. BIRTHPLACE (State or foreign country): Conowingo Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Crohen Alexander. | 14. MOTHER'S MAIDEN NAME: Mary Hounds.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 212-16-7215 | 17. INFORMANT & ADDRESS: Pusey Alexander Conowingo Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) with hypertension

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Sept 27 '54 | NAME OF CEMETERY OR CREMATORY Edgewood Cem. | LOCATION (City, town, or county) (State) Conowingo Cecil Md

DATE REC'D BY LOCAL REG. Sept 27-54 | REGISTRAR'S SIGNATURE L M Worthington | 24. FUNERAL DIRECTOR J Earl Tyson | ADDRESS Rising Sun Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
SEP 27 1954
BUREAU V. S.

08359 **MARYLAND STATE DEPARTMENT OF HEALTH** 08360

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Andora LENGTH OF STAY (in this place) Life.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Andora.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton RFD	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) S. (Last) Angle

4. DATE OF DEATH (Month) Sept. (Day) 17 (Year) 1957.

5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 8. DATE OF BIRTH 7-29-1873 9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Washington Hall 14. MOTHER'S MAIDEN NAME Ann Jane Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) 16. SOCIAL SECURITY NO. none — 17. INFORMANT Mrs Jack Conway Elkton RD Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Two hours.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 15 yrs.

(c) Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1957, to Sept 17, 1957, that I last saw the deceased alive on Sept 17, 1957, and that death occurred at 11 00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milford H. Sprecher M.D. ADDRESS Elkton, Md DATE SIGNED Sept 19, 1957

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 9-21-54 NAME OF CEMETERY OR CREMATORY Methodist Cherry Hill LOCATION (City, town, or county) Cherry Hill, Cecil Co. (State) Md

DATE REC'D BY LOCAL REG. Sept 20 REGISTRAR'S SIGNATURE F R Frazer 24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP. 22 1954
BUREAU V. S.

08360 08361

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point | LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace 12-24-2
STREET ADDRESS (If rural, give location) 415 Warren St.

3. NAME OF DECEASED (Type or Print) (First) Jefferson (Middle) Warner (Last) Baldwin
4. DATE OF DEATH (Month) Sept. (Day) 19 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 13 1899
9. AGE last birthday 55 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) V.A. Hospital Attendent
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Baldwin
14. MOTHER'S MAIDEN NAME Alice Sentmyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Margaret W. Baldwin Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Left Post Coronary 1953

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3, 1953, to 9-19, 1954, that I last saw the deceased alive on 9-19, 1954, and that death occurred at ambulance m. from the causes and on the date stated above.

SIGNATURE (Degree or title) C. L. Lewis MD | ADDRESS Havre de Grace Md | DATE SIGNED 9-21-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Sept. 23, 1954 | NAME OF CEMETERY OR CREMATORY Mt. Erin | LOCATION (City, town, or county) Havre de Grace (State) Md.
DATE REC'D BY LOCAL REG. Sept 22 1954 | REGISTRAR'S SIGNATURE Ida M. Daugherty actg Reg. | 24. FUNERAL DIRECTOR R. Madison Mitchell | ADDRESS Havre de Grace Md.

M

1

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08362

08346

CERTIFICATE OF DEATH

Item 7, FilmG170A 10-5-54 et

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 21
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perryville
STREET ADDRESS (If rural give location) Cecil Ave.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) S. (Last) Burcley

4. DATE OF DEATH: (Month) 9 (Day) 27 (Year) 1954.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9.28.1896.
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Holterwood, Pa
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Thank.
14. MOTHER'S MAIDEN NAME: Sara Zell.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs Walter Fisher, Perryville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

164X

Immediate cause (a) Acute asphyxia — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Mediastinal carcinoma 2-3 mos.

DUE TO

1260X (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.24, 1954, to 9.27, 1954, that I last saw the deceased alive on 9.27, 1954, and that death occurred at 3.30 A.M., from the causes and on the date stated above.

SIGNATURE Peter Shaughnessy (Degree or title) M.D. ADDRESS Elkton Md. DATE SIGNED 9.27.54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-29-1954
NAME OF CEMETERY OR CREMATORY Bethesda
LOCATION (City, town, or county) Holtwood, Pa (State)
DATE REC'D BY LOCAL REGISTRAR Sept 27
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08347 **CERTIFICATE OF DEATH** 08363

Reg. Dist. No. 92

For Items 8,9,FilmG170A 10-4-54 et

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 21
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Devine Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Md. R.D. #3
STREET ADDRESS (If rural give location) R.D. #3

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Emma (Last) Barrett
4. DATE OF DEATH: (Month) Sept (Day) 23 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 16. 1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Lanc. Co Pa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John McConsey
14. MOTHER'S MAIDEN NAME: Mary McGraw
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Paul Barrett - 19 Spruce St. Marcus Hook. Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the Sigmoid — Interval Between Onset And Death: Unknown

153X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardio-Vascular Disease Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1952 to Sept. 23, 1954, that I last saw the deceased alive on Sept. 23, 1954, and that death occurred at 8:30 PM., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews Fr. M.D. (Degree or title) ADDRESS Elkton Maryland DATE SIGNED Sept. 23 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 26, 1954
NAME OF CEMETERY OR CREMATORY Oxford Cem.
LOCATION (City, town, or county) Oxford Chest. Co. Pa. (State)
DATE REC'D BY LOCAL REGISTRAR Sept 24
REGISTRAR'S SIGNATURE F. R. Teazer
24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS Henry Pippin

Mary Barrett

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1954
BUREAU V. S.

08361

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08364

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Conowingo
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Conowingo
STREET ADDRESS (If rural give location) RD #1

3. NAME OF DECEASED: (Type or Print) (First) Ray (Middle) Elaine (Last) Bowen

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 2/24/93 | 9. AGE last birthday: 61 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wakeman Jourdan | 14. MOTHER'S MAIDEN NAME: Martha Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 219-22-3994 | 17. INFORMANT & ADDRESS: Conowingo, Md. - Mr. Bowen

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (B) DUE TO Metastases to liver & lungs — 6 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: 10/15/54 | 19B. MAJOR FINDINGS OF OPERATION: Carcinoma of breast | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1954 to Sept 28, 1954, that I last saw the deceased alive on Sept 28, 1954, and that death occurred at 10:20 PM, from the causes and on the date stated above.

SIGNATURE O'Neil R Taylor M.D. ADDRESS Rising Sun, Md. DATE SIGNED 9/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct 2, 1954 | NAME OF CEMETERY OR CREMATORY West Gottingham | LOCATION (City, town, or county) Colora Cecil (State) Md.

DATE RECD BY LOCAL REGISTRAR 10/1/54 | REGISTRAR'S SIGNATURE L M Mottington | 24. FUNERAL DIRECTOR J. Earl Tyson | ADDRESS Rising Sun Md.

OCT
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08362 08365

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
MARYLAND
LENGTH OF STAY (in this place): 29yrs.2mo.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mt. Airy
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) HANSON (Middle) (NMI) (Last) BRANDENBURG

4. DATE OF DEATH: (Month) September (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 4-7-1897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Tille ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac tamponade, secondary to ruptured — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (S) DUE TO dissecting aneurism of the ascending aortic arch

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from 6-26 , 1925, to 9-6 , 1954, that I last saw the deceased alive on [illegible], and that death occurred at 2:35 PM, from the causes and on the date stated above.

SIGNATURE: W. OPPLER, Chief, Professional Services M. D. ADDRESS: VAH, Perry Point, Md. DATE SIGNED: 9-7-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal

DATE THEREOF: 9-7-54

NAME OF CEMETERY OR CREMATORY: Pine Grove

LOCATION (City, town, or county) (State): Mt. Airy, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept 7, 1954

REGISTRAR'S SIGNATURE: Ida M. Dougherty acting

24. FUNERAL DIRECTOR & ADDRESS: C.L. WALTZ, Sr. Winfield, Maryland

RECEIVED
SEP
DURAND V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08366

08363

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) 106 Milburn

3. NAME OF DECEASED: (Type or Print) (First) LLOYD (Middle) (NMI) (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year) September 20 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 1896

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Elkton, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Brown - Deceased

14. MOTHER'S MAIDEN NAME: Elizabeth Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Nephrosis, toxic, bilateral, severe	Unknown
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Gangrene, massive, of the tissues of the perineum and perianal region	Unknown
DUE TO	(C) Chronic Hypertensive heart disease	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis generalized, moderate	Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17..., 1954, to 9-20.., 1954, that I last saw the deceased alive on [illegible], and that death occurred at 4:25A M, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services ADDRESS M.D V.A.Hospital, Perry Point, Md. DATE SIGNED 9-20-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 9-20-54

NAME OF CEMETERY OR CREMATORY Providence

LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 20 1954

REGISTRAR'S SIGNATURE Ida M. Daughety Asst Reg

24. FUNERAL DIRECTOR Edward R Bell ADDRESS EDWARD R. BELL, Wilmington, Delaware 9-20-54

SEP 22 1

08364

08367

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 96

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Craigtown
LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Craigtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CATHERINE JANE BRYSON
4. DATE OF DEATH (Month) (Day) (Year) 9 27 1954

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-19-28
9. AGE last birthday: 25 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House keeping
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Donald W Paist
14. MOTHER'S MAIDEN NAME: Madeline Sneeling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Bruce C Bryson, Port Deposit R.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Perforating Bullet wound of left
DUE TO
Antecedent cause(s) (b) breast came out 4 inches below
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO left shoulder blade. Puncture
(c) left lung & heart

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
21c. (City or town) Craigtown (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 27 54 6 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Shot selfwith 32 Pistol

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R C Dodson MD M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 9-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9-30-1954
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Sept 29 1954
REGISTRAR'S SIGNATURE Ida M Daugherty acta Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

08365

08368

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills
LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elk Mills.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Gladys (Middle) May (Last) Chilcutt

4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May. 1928
9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sidnell
14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: L.M. Chilcutt, Elk Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 2 & 3 degree burns of face
DUE TO
Antecedent cause(s) (b) arms legs head also shock.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) from explosion

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
21c. (City or town) Elk Mills (County) Cecil (State) Md
21d. TIME OF INJURY (Month) 9 (Day) 18 (Year) 54 (Hour) 2:00 P.M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Can of Kerosene exploded

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF Sept 22
NAME OF CEMETERY OR CREMATORY Newark Cemetery
LOCATION (City, town, or county) Newark (State) Del.
DATE REC'D BY LOCAL REG. Sept 19
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR R. T. Jones ADDRESS Newark Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

08348

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08922 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 2 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elk Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MEDFORD (Middle) LAYTON (Last) CHILCUTT
4. DATE OF DEATH (Month) 9 (Day) 20 (Year) 1954
5. SEX M | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: 5-8-1902. | 9. AGE last birthday: 52 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Driller
10b. KIND OF BUSINESS OR INDUSTRY: Drilling
11. BIRTHPLACE (State or foreign country): Centreville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mordina Chilcutt
14. MOTHER'S MAIDEN NAME: Ida Cahall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 3rd Burns of face trunk & DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) upper extremities DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home. | 21c. (City or town) Elk Mills (County) Cecil (State) Md

21d. TIME OF INJURY (Month) 9 (Day) 18 (Year) 54 (Hour) 6 09 M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Can of Kerosene Exploded & Fired

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R LeDoctor M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Sept 22 | NAME OF CEMETERY OR CREMATORY Newark Cemetery | LOCATION (City, town, or county) Newark (State) Del.

DATE REC'D BY LOCAL REG. Sept 20 | REGISTRAR'S SIGNATURE H H Frazer | 24. FUNERAL DIRECTOR H. J. Jones | ADDRESS Newark, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information, correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08366

CERTIFICATE OF DEATH

08369

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 26yrs.4mo,7days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) P.O. Box 42, Roland Park

3. NAME OF DECEASED: (First) DONALD (Middle) B. (Last) CREECY

4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 11-11-1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward W. Creecy - Deceased

14. MOTHER'S MAIDEN NAME: Ignatia M. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 X

IMMEDIATE CAUSE (A) Pneumonia, bronchial, bilateral, massive — INTERVAL BETWEEN ONSET AND DEATH: 7 to 9 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Coronary Sclerotic Heart Disease — Unknown

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9-1-54

19B. MAJOR FINDINGS OF OPERATION: Proctoscopy & Hemorrhoidectomy

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from 5-18 ..., 1928, to 9-25 ., 1954, that I last saw the deceased alive on [illegible] and that death occurred at 1:15PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M. D. — ADDRESS VAH, Perry Point, Md. — DATE SIGNED 9-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 9-27-54 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR Sept 30 1954 — REGISTRAR'S SIGNATURE Ida M. Dougherty City Reg. — 24 FUNERAL DIRECTOR [illegible] — ADDRESS [illegible], Havre de Grace, Md.

08349

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08370

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 3 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) EMIL	(Middle) CHARLES	(Last) DIRKSMEIER	4. DATE OF DEATH	(Month) Sept (Day) 25 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH April 28-89	9. AGE last birthday 65 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Retired 5 Mo	11. BIRTHPLACE (State or foreign country) Mass	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Henry Dirksmeier	14. MOTHER'S MAIDEN NAME Sophia Mueller				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 031-10-4796	17. INFORMANT Mrs Lloyd Jenness Charlestown Md			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Thrombosis	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	?
	(c) Essential Hyper Tension	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none	

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/23/, 1954, to 9/25, 1954, that I last saw the deceased alive on 9/25, 1954, and that death occurred at 12.15 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	[illegible] Elkton Md	9/27/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Sept 28-54	NAME OF CEMETERY OR CREMATORY Methodist	LOCATION (City, town, or county) (State) North East, Cecil Co Md
DATE REC'D BY LOCAL REG. Sept 27	REGISTRAR'S SIGNATURE F R Frazer	24. FUNERAL DIRECTOR [signature]	ADDRESS North East, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1954
BUREAU V. S.

08350

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08371 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) Hour.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 118 W. main st.

3. NAME OF DECEASED: (First) HOWARD (Middle) THOMAS (Last) FISHER.
4. DATE OF DEATH (Month) 9 (Day) 30 (Year) 1954

5. SEX	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	White	Married	8-1-1902.	52. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Smyrna. Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Fisher
14. MOTHER'S MAIDEN NAME: Lillian Ford.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 221-09-9105
17. INFORMANT & ADDRESS: Lillian Fisher 118 W. main St Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. le Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-2-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 4/54	Gilpin Manor Memorial Pk	Elkton,	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 4	J. R. Bridges	Tippin Funeral Home	J. W. Henry Tippin

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

08367

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 0837?

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrington | LENGTH OF STAY in this county 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Harrington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) (Last) GAMBLE
4. DATE OF DEATH (Month) 9 (Day) 4 (Year) 1954
5. SEX M. 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED? Married 8. DATE OF BIRTH: 12/31-1890 9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboratory man 10b. KIND OF BUSINESS OR INDUSTRY: Manufacture 11. BIRTHPLACE (State or foreign country): Port Deposit Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Gamble. 14. MOTHER'S MAIDEN NAME: Kozish Whitaker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 212-32-2707 17. INFORMANT & ADDRESS: Mrs Paul Gamble, Port Deposit Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE R L Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/7/54 | NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery | LOCATION (City, town, or county) (State) Frenchurst, Cecil Co. Md.
DATE REC'D BY LOCAL REG. Sept 7 - 54 | REGISTRAR'S SIGNATURE L M Worthington | 24. FUNERAL DIRECTOR AND ADDRESS Ralph M. Reed, Rising Sun Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08368 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

08373

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH: COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; MARYLAND LENGTH OF STAY (in this place) 4yrs.7mo.24days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 1313 N. Chapel Street

3. NAME OF DECEASED: (First) JAMES (Middle) F. (Last) HAMILTON

4. DATE OF DEATH: (Month) September (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10-11-1907

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR, Months; Days. IF UNDER 24 HRS., Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Warren Hamilton

14. MOTHER'S MAIDEN NAME: Elizabeth Moody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Carcinoma of the bladder	Unknown
ANTECEDENT CAUSE (S) DUE TO (B)	Hydro-ureter, bilateral	Unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Hydronephrosis, bilateral	Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work [ ] Not while at work [ ] 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13 , 19 50 to 9-6 , 19 54 that I last saw the deceased alive on [illegible] and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE W. OPPLER ADDRESS Chief, Professional Services M. D. VAH, Perry Point, Md. DATE SIGNED 9-7-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	9-7-54	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 8, 1954 REGISTRAR'S SIGNATURE Ida M. Daughtry 24 FUNERAL DIRECTOR E. Sanders ADDRESS RAYNER SANDERS, 217 Preston St., Baltimore, Md.

RECEIVED
SEP 10 1934
BUREAU V. S.

08369

08374
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.D.4 — LENGTH OF STAY (in this place) 21 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton R.D.4 Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Lewis (Last) Harvey

4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: 3-28-1892.

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming Co

11. BIRTHPLACE (State or foreign country): Rising Sun Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John James Harvey

14. MOTHER'S MAIDEN NAME: Laura Lyle.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Lena Miller Newark R.D.I Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Sept 9 — NAME OF CEMETERY OR CREMATORY Newark — LOCATION (City, town, or county) Newark (State) Del

DATE REC'D BY LOCAL REG. Sept 8 — REGISTRAR'S SIGNATURE F. K. Frazer

24. FUNERAL DIRECTOR R. T. Jones — ADDRESS Newark Del

VS. A15A - 5 - 53

SEP 10

08370

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08375

CERTIFICATE OF DEATH

Reg. Dist. No. 93

1. PLACE OF DEATH: COUNTY CECIL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON — LENGTH OF STAY (in this place) 16 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD 3	STREET ADDRESS (If rural give location) RD-3

3. NAME OF DECEASED (Type or Print) (First) GLADYS (Middle) W. (Last) LOGAN

4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 1954

5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH 7-9-1899 | 9. AGE last birthday 55 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) MARYLAND | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME EDWARD G. WILLIAMS | 14. MOTHER'S MAIDEN NAME H. MOLLIE THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. NONE | 17. INFORMANT Ernest L. Logan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Abdominal Carcinoma	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcina of Colon	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION 1952 | 19b. MAJOR FINDINGS OF OPERATION Adenocarcina of Transverse colon | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to Sept 7, 1954, that I last saw the deceased alive on Sept 6, 1954, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE E. Hughes Nutter (Degree or title) M.D. ADDRESS Newark, Del DATE SIGNED Sept 8, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9-9-54 | NAME OF CEMETERY OR CREMATORY Friends | LOCATION (City, town, or county) (State) Calvert Co Md

DATE REC'D BY LOCAL REG. Sept 9 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Joseph R. Frank ADDRESS North Earl Md

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. R

08371

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Bur. File 08371

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 1106 Navahoe Drive

3. NAME OF DECEASED: (First) RAYMOND (Middle) PLUMMER (Last) MACPHERSON
4. DATE OF DEATH (Month) 9 (Day) 30 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	3-13-12	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
USN (Ret)	Laborer-in Launderette	Mass.	USA

13. FATHER'S NAME: Robert Mercer MacPherson
14. MOTHER'S MAIDEN NAME: Edith Lowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes 10-12-31 to	1-15-54	Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Fracture skull
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Injuries multiple extreme
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Rt. #1	21c. (City or town) Near Conowingo	(County) Cecil	(State) Maryland

21d. TIME OF INJURY (Month) 9	(Day) 30	(Year) 54	(Hour) 0110A.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Automobile run off the road

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. DODSON, DME
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-30-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal & Burial	9-30-54	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-30-54	Registrar	W. W. Chambers Co	5801 Queens Chapel Ave Riverdale, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08377

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08351

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton; LENGTH OF STAY 20 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East Rural; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) AMY (Middle) M (Last) MATTHEWS

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1954

5. SEX: F. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married 8. DATE OF BIRTH: April 6, 1865 9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months; IF UNDER 24 HRS.: Days, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Maryland. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis 14. MOTHER'S MAIDEN NAME: Margaret Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT & ADDRESS: William Lewis North East Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Accident

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Arteriosclerosis & Hypertension DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16, 1954 to 9-17, 1954 that I last saw the deceased alive on 9-16, 1954 and that death occurred at 8:35 M, from the causes and on the date stated above.

SIGNATURE R L Dodson M. D. ADDRESS Rising Sun Md. DATE SIGNED 9-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial DATE THEREOF 9-20-54 NAME OF CEMETERY OR CREMATORY Chesterville Rural LOCATION (City, town, or county) (State) Chesterville, Cecil, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 18 REGISTRAR'S SIGNATURE H B Frazer 24. FUNERAL DIRECTOR Joseph P Grant ADDRESS North Elkton

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SEP 20 19[illegible]
BUREAU V. S.

08372

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08378

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Winchester Restaurant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Media
STREET ADDRESS (If rural, give location) Paxon Hollow Rd. RD 1

3. NAME OF DECEASED: (Type or Print) (First) MILTON (Middle) L (Last) McCullough.
4. DATE OF DEATH (Month) 9 (Day) 24 (Year) 1954

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 11-8-1882.
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): School Teacher.
10b. KIND OF BUSINESS OR INDUSTRY: Leading School.
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Allen McCullough.
14. MOTHER'S MAIDEN NAME: Elizabeth Gordon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 198-12-6675
17. INFORMANT & ADDRESS: 57 E Eagle Rd. Robert G. Hibberd, Havertown Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9-27-1954
NAME OF CEMETERY OR CREMATORY Marple Presbyterian
LOCATION (City, town, or county) (State) Broomall, Dela. Co., Pa.

DATE REC'D BY LOCAL REG. Sept. 24, 1924
REGISTRAR'S SIGNATURE Ida M. Daugherty actg Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son. ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Phys[redacted]: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

08352 08379

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HARVEY (Middle) K. (Last) MILLER.
4. DATE OF DEATH (Month) 9 (Day) 17 (Year) 1954

5. SEX M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-17-1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Sawyer of Lumber Mill
10b. KIND OF BUSINESS OR INDUSTRY: Lumber.
11. BIRTHPLACE (State or foreign country): Freeland. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George F. Miller
14. MOTHER'S MAIDEN NAME: Leah. Kohler.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Robert Miller, Ceciltonk Chesapeake City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. DATE SIGNED 9-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial & Removal
DATE THEREOF Sept 19/54
NAME OF CEMETERY OR CREMATORY New Freedom Cemt
LOCATION (City, town, or county) (State) New Freedom Pa

DATE REC'D BY LOCAL REG. Sept 18
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS
By W. Henry Pippin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

SEP 20 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08353 **CERTIFICATE OF DEATH** Reg. Dist. No. 08350 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital-Elkton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 106 Locust Lane

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) John Henry Minster
4. DATE OF DEATH (Month) (Day) (Year) September 5th 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jun 3-1895
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler & Retail Novelty Store
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jacob Minster
14. MOTHER'S MAIDEN NAME: Emma Schwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-32-4780
17. INFORMANT & ADDRESS: Mrs Clara Minster widow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: about 6 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial failure — about 8 mos.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1954, to Aug 31, 1954, that I last saw the deceased alive on Aug 31, 1954 and that death occurred Sept 4-54 from the causes and on the date stated above.
SIGNATURE (Degree or title) V. H. McKnight M.D. ADDRESS 3.40 A.M. Elkton Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 7, 1954
NAME OF CEMETERY OR CREMATORY Elkton Cemetery
LOCATION (City, town, or county) (State) Elkton Md.
DATE REC'D BY LOCAL REGISTRAR Sept 7
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Pippin Funeral Home D.D.
ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 3: film 170a 08354 08381

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 925

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
LENGTH OF STAY (in this place) Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location) Mount

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) WILBER (Last) NESBITT
4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: Nuile
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-29-1915
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Sorer
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Colora Md.
12. CITIZEN OF WHAT COUNTRY: U.S.C.

13. FATHER'S NAME: Anos Nesbitt
14. MOTHER'S MAIDEN NAME: Mary Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW2.
16. SOCIAL SECURITY No.: 215-18-2561
17. INFORMANT & ADDRESS: Lola Nesbitt Rising Sun Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Multiple Lacerations face scalp
DUE TO Body Compound Commuty fract
Antecedent cause(s) (b) of left tibia & fibula.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Transection of spinal Cord.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40
21c. (City or town) Elston (County) Cecil (State) Md.

21d. TIME OF INJURY (Month) 9 (Day) 7 (Year) 54 (Hour) 615 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Hit G. Center on Road.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R C Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/10/54
NAME OF CEMETERY OR CREMATORY Brookview Cemetery
LOCATION (City, town, or county) Rising Sun (State) Md

DATE REC'D BY LOCAL REG. Sept 8
REGISTRAR'S SIGNATURE F K Seazer
24. FUNERAL DIRECTOR Ralph M Reed ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

SEP
LOWELL

Res. from b.c. 08373

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08382

CERTIFICATE OF DEATH

Reg. Dist. No. 97.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge

LENGTH OF STAY (in this place): 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Iowa — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEWBORN / Cherokee

STREET ADDRESS (If rural give location): 341 East Willow

3. NAME OF DECEASED: (Type or Print) (First) Jeffery (Middle) Nels (Last) Olin

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	9-13-54			3		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
----	----	Bainbridge, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Hubert John Olin	Rosalie Kayser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No ----	----	Hubert John Olin, Rising Sun, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Atelectasis, Congenital (Pulmonary Hyaline Membrane Disease)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Premature Birth, Neonatal Death

DUE TO (c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-13, 1954, to 9-16, 1954, that I last saw the deceased alive on 9-16, 1954, and that death occurred at 0730, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
V. M. REIST CDR MC USN	Bainbridge, Maryland	9-17-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-17-54	West Nottingham Cemetery	Colora, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-12-54	Harvey B Bamble	Wm. A. Patterson & Son	Perryville, Md.

RECEIVED
SEP 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08383

08355 **CERTIFICATE OF DEATH** Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) 114 Maffitt St.

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) H (Last) Payne
4. DATE OF DEATH: (Month) Sept (Day) 5 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 9, 1901
9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Campbell Horn
14. MOTHER'S MAIDEN NAME: Betty Lester
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 236-32-0988
17. INFORMANT & ADDRESS: Elmer Horn 241 Hollingsworth Manor Elkton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

'71X IMMEDIATE CAUSE (A) Vaginal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO (B) Carcinoma of the cervix — 18 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 1954, to Sept 5, 1954, that I last saw the deceased alive on Sept. 5, 1954, and that death occurred at 3 30 P M, from the causes and on the date stated above.

SIGNATURE G. Ralph Andrews Jr. M.D. ADDRESS Elkton, Maryland DATE SIGNED Sept. 5, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sept 10, 54
NAME OF CEMETERY OR CREMATORY: Lilpin Manor Memo Pk.
LOCATION (City, town, or county) (State): R.D. Elkton Md

DATE REC'D BY LOCAL REGISTRAR: Sept 10
REGISTRAR'S SIGNATURE: F K Frazer
24. FUNERAL DIRECTOR: H. W. Pippin & Son
ADDRESS: Elkton Md. M. A. Lindsay

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

POTTER

1

08374

08384 Reg. Dist. 91

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City | LENGTH OF STAY (In this place) 17 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Cecil St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chesapeake City

STREET ADDRESS (If rural, give location) Cecil St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CHARLEY MANLOVE PRICE

4. DATE OF DEATH (Month) (Day) (Year) 9 2 1954

5. SEX: M | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Jan 21 1891 | 9. AGE last birthday: 63 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Town Point Cecil Co Md. | 12. CITIZEN OF WHAT COUNTRY? U S M.

13. FATHER'S NAME: Thomas Price | 14. MOTHER'S MAIDEN NAME: Anna McCoy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: 214-14-4901 | 17. INFORMANT & ADDRESS: Mrs Myrtle F. Price, Chesapeake City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Gun shot wound of head. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) with loss of skull & brain DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home | 21c. (City or town) Chesapeake City (County) Cecil (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 2 54 60 a M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Shot self with shot gun.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R C Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/4/1954 | NAME OF CEMETERY OR CREMATORY Bethel Cemetery | LOCATION (City, town, or county) (State) Near Chesapeake City Md.

DATE REC'D BY LOCAL REG. Sept 2nd 1954 | REGISTRAR'S SIGNATURE Mrs Ralph H. Reed | 24. FUNERAL DIRECTOR W. Henry Pippin ADDRESS 259 E. Main St. Per W. A. Lusby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

Item 21 Film G170 9-17-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08385

08375

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 27yrs10mos29da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE VIRGINIA COUNTY ROCKINGHAM
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. CRAWFORD
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) TURNER (Middle) A. (Last) RHODES

4. DATE OF DEATH (Month) (Day) (Year) September 4th, 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter-Painter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN S. RHODES

14. MOTHER'S MAIDEN NAME: ANNIE ELIZABETH LANDIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia, Bronchial, Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 2-3 Days

ANTECEDENT CAUSE (S) DUE TO Open Reduction of Fracture,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) right Hip. DUE TO — 1 Hour

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenic reaction, hebephrenic type. — Over 35 yrs

19A. DATE OF OPERATION: 9/2/54

19B. MAJOR FINDINGS OF OPERATION: Open reduction & internal fixation of Fracture, rt. hip.

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): Hospital

21C. WHERE DID INJURY OCCUR? (City or town) Perry Point (County) Cecil (State) Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 27, 1954 2 PM. VA

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Slipped and fell

22. I hereby certify that I attended the deceased from Oct. 6, 1926, to Sept. 4, 1954, and that death occurred at 8:10AM, from the causes and on the date stated above.

SIGNATURE AND ADDRESS: E. S. Ellis, M.D., Acting, Chief, Professional Services, VAH., Perry Point, Md.

DATE SIGNED: 9/5/54

E.S.ELLIS, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): REMOVAL

DATE THEREOF: 9-6-54

NAME OF CEMETERY OR CREMATORY: MT. HARFORD CEMETERY

LOCATION (City, town, or county) (State): R.D., HARRISONBURG, VIRGINIA

DATE REC'D BY LOCAL REGISTRAR: 9/3/54

REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR AND ADDRESS: PERRINGTON & SON, Havre De Grace, Md.

VS. A15—10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08376

CERTIFICATE OF DEATH

Reg. Dist. No. 08386

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bainbridge
LENGTH OF STAY (in this place) 41 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburgh
STREET ADDRESS (If rural give location) 5432 Harrison St. (from birth c)

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) (Last) Smith III
4. DATE OF DEATH: (Month) (Day) (Year) 2 1954

5. SEX: Male
6. COLOR OR RACE: Negroid
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9-2-54
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min. 41

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willie (n) Smith
14. MOTHER'S MAIDEN NAME: Marcella Jane Jackson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature Birth, Neonatal Death #7760
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2, 1954, to 9-2, 1954, that I last saw the deceased alive on 9-2, 1954, and that death occurred at 1402, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Neal M.D.
ADDRESS USNH Bainbridge Md
DATE SIGNED 9-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-4-54
NAME OF CEMETERY OR CREMATORY Jones Memorial Cemetery
LOCATION (City, town, or county) Perryville, Md (State)
DATE REC'D BY LOCAL REGISTRAR 9-3-54
REGISTRAR'S SIGNATURE Dorothy B. Bramble
24. FUNERAL DIRECTOR [illegible] & Son
ADDRESS Perryville, Md.

4-4-5311

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 9
BUREAU V. S.

08356

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08387

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rose's Restaurant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS 205 Bow St. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) Stock.

4. DATE OF DEATH (Month) 9 (Day) 26 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced.
8. DATE OF BIRTH: 3-15-1901
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Gen Laborer.
10b. KIND OF BUSINESS OR INDUSTRY: General work.
11. BIRTHPLACE (State or foreign country): Germany.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: no information
14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 078-03-4822.
17. INFORMANT & ADDRESS: Naturalization Papers.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dilatation
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) alcoholism
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dockson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/29/54
NAME OF CEMETERY OR CREMATORY Gilpin Manor
LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REG. Sept 29
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR Pippin Funeral Home
ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
OCT 1
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08388

08377 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 7yrs.8mo.2days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS E. (If rural give location) 401 Gittings

3. NAME OF DECEASED: (First) BARBARA (Middle) B. (Last) SUEHLE

4. DATE OF DEATH: (Month) (Day) (Year) September 8 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 9-26-1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10B. KIND OF BUSINESS OR INDUSTRY: Army Hospital

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph J. Bauer - Deceased

14. MOTHER'S MAIDEN NAME: Margaret M. Epp - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Peacetime

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: Approx. 2hrs.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenic reaction, paranoid type — Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6 , 1947, to 9-8 , 1954 [illegible], and that death occurred at 1:30P M, from the causes and on the date stated above.

SIGNATURE W. Oppler — ADDRESS — DATE SIGNED

W. OPPLER, Chief, Professional Services M. D. VAH, Perry Point, Md. 9-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 9-9-54 — NAME OF CEMETERY OR CREMATORY Holy Cross — LOCATION (City, town, or county) (State) Ann Arundel Co., Maryland.

DATE REC'D BY LOCAL REGISTRAR 9/9/54 — REGISTRAR'S SIGNATURE Irene E. Naughton

24. FUNERAL DIRECTOR [illegible] WILLIAM COOK, INC. ADDRESS 1217 St. Paul St., Balto. Md.

VS. A15—10 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08375 08389

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2, Film G172 11-1-54 et **CERTIFICATE OF DEATH** Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Maryland
LENGTH OF STAY (in this place) 18 Yrs. 5 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA HOSPITAL, PERRY POINT, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural give location) Box # 137

3. NAME OF DECEASED: (Type or Print) (First) ERNEST (Middle) GEORGE (Last) TAYLOR

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: December 31, 1891

9. AGE last birthday 62 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Woodville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis W. Taylor

14. MOTHER'S MAIDEN NAME: Susanna French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. Had None

17. INFORMANT & ADDRESS: HOSPITAL RECORDS, VAH, PERRY POINT, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) CACHEXIA — INTERVAL BETWEEN ONSET AND DEATH: Approx. 6 Months

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) CANCER OF STOMACH — Approx. 6 Months

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenic Reaction, Paranoid Type — Over 30 Yrs.

19A. DATE OF OPERATION: July 7, 1954

19B. MAJOR FINDINGS OF OPERATION: CANCER OF STOMACH

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17-..., 19 36 to 9-3-..., 19 54 [illegible] and that death occurred at 12:20 M, from the causes and on the date stated above.

SIGNATURE E. S. Ells, M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 9-3-54

E.S. ELLS, M.D., Acting Chief, Professional Services

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 9-3-54

NAME OF CEMETERY OR CREMATORY Loudon Pk. Cemetery

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 3, 1954

REGISTRAR'S SIGNATURE Ida M. Daugherty Asst. Reg.

24. FUNERAL DIRECTOR & ADDRESS WILLIAM J. TICKNER & SONS BALTO., MD.

SEP 7 19
BUREAU V. S.

Herman F. Hs 6175 1-13-55A
F. Tinsley 6175 1-13-55A
08379

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08390

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, M
MARYLAND LENGTH OF STAY (in this place) 2mo.6days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 11-29-24th Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) (MI) (Last) TINSLEY

4. DATE OF DEATH (Month) (Day) (Year) September 30, 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-23-17

9. AGE last birthday 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel D. Tinsley - Deceased

14. MOTHER'S MAIDEN NAME: Rosa Nowlin - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. 579-09-3736

17. INFORMANT & ADDRESS. Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hemorrhage, massive intestinal tract — INTERVAL BETWEEN ONSET AND DEATH: Approx. 15 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Esophageal varices, rupture of — DUE TO

(C) Cirrhosis of liver — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24, 1954, to 9-30, 1954, [illegible], and that death occurred at 6:50PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services ADDRESS M.D VAH, Perry Point, Md. DATE SIGNED 10-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 10-1-54 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR Oct 1, 1954 — REGISTRAR'S SIGNATURE Ida M. Daugherty

24. FUNERAL DIRECTOR AMBROSE B. BOYD — ADDRESS 1238-20th St., N.W., Wash., D.C.

VS. A15—10.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Two for one certificate - Film G174- 12-15-54
mnt.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08391

08380

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
LENGTH OF STAY (In this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 76 N. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural give location) 76 N. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Cornelius (Middle) C, (Last) Tome

4. DATE OF DEATH: (Month) September (Day) 11 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 3-1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Tome

14. MOTHER'S MAIDEN NAME: Mary Overlander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Virgie Jamison, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Prostatitis 15 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19.. to Sept 10, 1954; that I last saw the deceased alive on Sept 10 1954, and that death occurred at 11 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Clarence H. Benson, M.D.

ADDRESS Port Deposit Md

DATE SIGNED 9-12-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept. 14, 1954

NAME OF CEMETERY OR CREMATORY Rodgewell

LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REGISTRAR Sept. 14 1954

REGISTRAR'S SIGNATURE Ida M. Daugherty acty Reg.

24. FUNERAL DIRECTOR Lee A. Patterson & Son

ADDRESS Perryville, Md.

SEP 16 1954

08381 08392

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville Rural

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS White Crystal Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Berks.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reading.

STREET ADDRESS (If rural, give location) 219 Hudson.

3. NAME OF DECEASED: (Type or Print) (First) FRANK. (Middle) (Last) VALORE

4. DATE OF DEATH (Month) 9. (Day) 5 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 24, 1921

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Ann Forman

10b. KIND OF BUSINESS OR INDUSTRY: Anver. Chain Co.

11. BIRTHPLACE (State or foreign country): Stuttenville Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph. Valore

14. MOTHER'S MAIDEN NAME: Florence Cerquatta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW 2.

16. SOCIAL SECURITY No.: 202-07-0806

17. INFORMANT & ADDRESS: Mary Jane. Valore 219 Hudson Reading Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowned. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Elk River

21c. (City or town) Earlville Rd (County) Cecil (State) Md.

21d. TIME OF INJURY (Month) 9 (Day) 5 (Year) 54 (Hour) 1240 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Boat sands in Elk River

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R C Dodson. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Sept. 7 1954

NAME OF CEMETERY OR CREMATORY Forest Hill

LOCATION (City, town, or county) Reading (State) Pa.

DATE REC'D BY LOCAL REG. Sept 7-54

REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney

24. FUNERAL DIRECTOR Edward Fellows

ADDRESS Millington Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08393

08382

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
MARYLAND
LENGTH OF STAY (in this place): 5mo.5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pennsylvania
COUNTY: Chester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lincoln University
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) HORACE (Middle) R. (Last) WATERS

4. DATE OF DEATH: (Month) September (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-9-1893

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Lancaster, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leander Waters

14. MOTHER'S MAIDEN NAME: Annie E. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hepatitis, infective, homologous serum type — INTERVAL BETWEEN ONSET AND DEATH: 3 to 4 weeks

ANTECEDENT CAUSE (B) DUE TO: Coronary sclerosis — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(C) DUE TO: Arteriosclerosis, generalized, severe — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23, 1954 to 9-28, 1954 and that death occurred at 9:45a M, from the causes and on the date stated above.

SIGNATURE: W. OPPLER, Chief, Professional Services M. D.
ADDRESS: VAH, Perry Point, Md.
DATE SIGNED: 9-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 9-29-54
NAME OF CEMETERY OR CREMATORY: Rolling Green Memorial Park
LOCATION (City, town, or county) (State): West Chester, Pa.

DATE REC'D BY LOCAL REGISTRAR: Sept 29 1954
REGISTRAR'S SIGNATURE: Ida M. Dougherty
24. FUNERAL DIRECTOR: Otelia J. Bullock
ADDRESS: BULLOCK FUNERAL HOME, Havre de Grace, Md.

08394

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08383

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jarrettsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) L. (Last) WHEELER

4. DATE OF DEATH: (Month) September (Day) 16 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-19-1896
9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doctor
10B. KIND OF BUSINESS OR INDUSTRY: Veterinarian
11. BIRTHPLACE (State or foreign country): Delta, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Wheeler - Deceased
14. MOTHER'S MAIDEN NAME: Mary A. Fulton - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Approx. 1 week

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral Arteriosclerosis — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that XI attended the deceased from 9-6, 1954, to 9-16, 1954, ~~that I last saw the deceased alive on~~ and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE W. Oppler
W. OPPLER, Chief, Professional Services M.D.
ADDRESS V.A.Hospital, Perry Point, Md.
DATE SIGNED 9-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 9-16-54
NAME OF CEMETERY OR CREMATORY: Slate Ridge
LOCATION (City, town, or county) (State): Delta, Pa.

DATE REC'D BY LOCAL REGISTRAR: Sept 16, 1954
REGISTRAR'S SIGNATURE: Ida M. Daugherty acty Reg.
24. FUNERAL DIRECTOR: John H. Harkins
ADDRESS: HARKINS FUNERAL HOME, Delta, Pa.

M

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
SEP 20
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 · 08395

08384 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) California
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ADAM (Middle) C. (Last) WIBLE

4. DATE OF DEATH (Month) (Day) (Year) September 29 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-17-1893

9. AGE last birthday: 60 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): St. Mary's Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam S. Wible

14. MOTHER'S MAIDEN NAME: Aggie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 215-07-3416

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary sclerosis, severe — Interval between onset and death: Unknown

ANTECEDENT CAUSE (B) DUE TO (B) Myocardial infarction with mural thrombi — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Infarcts pulmonary, multiple — 2 to 3 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized, severe — Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-24-54, 19..., to 9-29-.., 1954, [redacted] at 8:48 AM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 9-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 9-29-54

NAME OF CEMETERY OR CREMATORY Ebeneezer

LOCATION (City, town, or county) (State) St. Mary's County, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 30, 1954

REGISTRAR'S SIGNATURE Ida M. Young Deputy Reg.

24 FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre de Grace, Md.

OCT 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08396

08385 # CERTIFICATE OF DEATH Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge
LENGTH OF STAY (in this place) 29 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Training Center

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Maxie (Middle) Hubert (Last) Wise

4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-28-14

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Deceased Unknown

14. MOTHER'S MAIDEN NAME: Matilda A. Wise

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1935 - 1954

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion with myocardial infarction, Acute DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14, 1954, to 9-14, 1954, that I last saw the deceased alive on 9-14, 1954, and that death occurred at 1715, from the causes and on the date stated above.

SIGNATURE A. S. ROSENSTEIN (Degree or title) LT MC USNR ADDRESS Bainbridge, Maryland DATE SIGNED 9-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial DATE THEREOF 9-17-54 NAME OF CEMETERY OR CREMATORY Fairview Cem. Paris LOCATION (City, town, or county) Berry, Kentucky (State)

DATE REC'D BY LOCAL REGISTRAR 9-17-54 REGISTRAR'S SIGNATURE Dorothy B. Brumble 24. FUNERAL DIRECTOR Ward-Patterson & Son ADDRESS Perryville, Md.

VS. A15

SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08386

CERTIFICATE OF DEATH

Reg. Dist. No. 08397

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point,
LENGTH OF STAY (in this place) 3 Mos. 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Pinellas
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dunedin 48 X-3
STREET ADDRESS (If rural give location) 549 Kenner Boulevard

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Arthur Daniel WOLF
4. DATE OF DEATH: (Month) (Day) (Year) September 2 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 1, 1887
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician
10B. KIND OF BUSINESS OR INDUSTRY: Entertainment
11. BIRTHPLACE (State or foreign country): Akron, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lewis Wolf
14. MOTHER'S MAIDEN NAME: Mary Hale
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 296 01 3734
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Carcinamatosis, Generalized — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSE (S) DUE TO (B) Adenocarcinoma of Large Bowel — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19, 1954, to 9-2, 1954, ~~that I last saw the deceased alive on 19~~ and that death occurred at 8:45AM, from the causes and on the date stated above.

SIGNATURE E. S. Ells, M.D. ADDRESS DATE SIGNED
E.S. ELLS, M.D., Acting Chief Professional Services, VAH, Perry Point, Md. 9-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 9-3-54
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: Sept 7, 1954
REGISTRAR'S SIGNATURE: Ida M. Daugherty actg Reg.
24. FUNERAL DIRECTOR: PENNINGTON & SON ADDRESS: Havre de grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 1

RECEIVED
SEP 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08398

08357

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21
LENGTH OF STAY (in this place) ~~5 days~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hos 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21
STREET ADDRESS (If rural give location) 220 East High

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) L (Last) Yeamans
4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1-19-1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): North East Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen A Dilks
14. MOTHER'S MAIDEN NAME: Clara Wyre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Harry S Yeamans Aberdeen Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Cerebral thrombosis — Interval Between Onset And Death: 3 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerotic heart disease — Years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of right breast

19a. DATE OF OPERATION: 4/20/54
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of right breast
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19/54, 19__, to 9/24, 1954, that I last saw the deceased alive on 9/23, 1954, and that death occurred at 9/24/54, from the causes and on the date stated above.

SIGNATURE John A. Fischer, M.D. (Degree or title) ADDRESS Elkton, Maryland DATE SIGNED 9/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 26-54 NAME OF CEMETERY OR CREMATORY Methodist LOCATION (City, town, or county) North East Cecil Co (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept 25 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Leaut ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1954
BUREAU V. S.